

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City, Mo. (No. 217 East 14th St.)

File No. 6190

Registered No. _____
St. _____ Ward _____

2. FULL NAME Thomas Franklin Burton

(a) Residence, No. 217 East 14th St. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27th, 1848

7. AGE YEARS 88 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from Power & Light Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Madison (STATE OR COUNTRY) Missouri

FATHER 13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

17. INFORMANT Harley Davis (ADDRESS) 1330 Baltimore

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Feb. 2, 1937

19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Broadway

20. FILED Feb 27 1937 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 20 1937 to Jan 29 1937. I last saw him alive on Jan 29 1937. Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
Coronary sclerosis

Date of onset Jan 23
6 mos ago

Other contributory causes of importance:

Chronic Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Carl H. Crome M. D.
(Address) Power and Light Bldg.

Plum &